

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING MINUTES**

COMMITTEE: Health Systems

RECORDER: Sheila Wolf

DATE: November 29, 2001

COMMITTEE MEMBERS

PRESENT: Bonnie Bear, Jean Brunelli, Arleen Downing, Julie Kingsley, Mara McGrath, Peter Michael Miller

STAFF: Sheila Wolfe, WestEd/CPEI

DDS LIAISONS: Dr. Mary Lu Hickman

ABSENT: Robin Millar, Ivette Pena, Hallie Marrow, Nancy Lee

SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED

**Feedback from Joint Meeting with the Public Awareness Committee -
Viewing and Responses to “First Signs” – The Physician Outreach Initiative
Video**

Dr. Hickman introduced the video and materials packet from New Jersey and explained that the producers and developers were interested in working with California on using and perhaps modifying the packet for use in California.

Major Comments:

- ☐ Seemed valuable; better than previous videos; professional, informative and clear
- ☐ Could assist in development of universal screening
- ☐ Could be helpful overview for child care and other early intervention staff – provides ideas on supporting families and finding effective ways to talk with pediatricians
- ☐ Could be of value to FRC/N's and talking with other families about autism
- ☐ Consider possible use of video with 2 different information and training packets – one for families and one for physicians

- ❑ Might have been better if moderated by a physician – physicians seem to pay more attention when information directed to them is from another physician
- ❑ Wonder if the video and materials would be effective if they were just mailed out – would need a plan for dissemination and follow-up on it's use

Follow-Up Recommendations Regarding Video and Related materials:

1. Contact the New Jersey team to discuss how they disseminated the materials and how they tracked and addressed referrals, funding and increased service needs as a result of using the video (Dr. Hickman)
2. Contact Martin Stein, IC San Diego, regarding his development of screening tools – perhaps involve him in discuss of how to outreach to physicians
3. Obtain feedback from Public Awareness Committee
4. Consider forming a sub- committee with Dr. Hickman to review the materials in more depth and identify possible plan for use in California including ways to link the use of the video and materials to track impact on referrals and follow-up services
5. Discuss at next meeting: feedback from New Jersey group; recommendations from HSC on the goals and next steps in the review process; possible need for subcommittee and if needed, ideas for persons to work on sub –committee and clarification of the goal for sub-committee work

Discussion on Child Care Issues Raised During ICC Committee of the Whole Meeting

Major Comments:

- ❑ There is a compelling and important need to talk about increased support for all children in child care – and it 's even more difficult for families of children with special needs
- ❑ It's clear we need more interagency collaboration – question is how do we make it happen
- ❑ It's important to recognize that our society is changing the way we raise children – we need to acknowledge that and act accordingly

- ❑ Remember that school readiness is not just academic readiness – it's emotional readiness and child care is where a lot of children get “ready”
- ❑ What resources are there to address these needs – including the needs of adoptive parents and kinship care relationships when the child has special needs?
- ❑ Child care staff need real support, training and on-going assistance to care for children with special needs in their homes and centers – especially when the child has significant health and/or behavior problems... a lot of early intervention staff need help in this area too
- ❑ How can we have some impact on the bigger systems?
- ❑ What can we really do – what is the role of the HSC? Of the ICC? What steps can we take to address this issue?

Recommendations Re: Child Care Issues – Possible Next Steps

1. Join forces with others working on improving child care for all children
2. Consider ICC position paper and/or joint position paper with several different state agencies (health, developmental disabilities, special education) on improving child care for all children while highlighting what is needed for including children special needs
3. Talk with FRC/N's on collaborations within local communities – determine what can be done to support this effort
4. Provide more information to FRC/N's and early intervention service coordinators and providers on child care resources, regulations, funding subsidies and examples of possible approaches
5. Identify possible resources for training and on-site or in-home support for child care providers – identify and respond to gaps or needs in this area in collaboration with other agencies

Overview of the new Speech-Language Pathology Assistant – Anew Service Delivery Option – (also see attached handouts)

Presentation by Lisa O'Conner and Robert Powell representing CASHA

New Speech- Language Pathology Assistant (SLPA) role evolved from the need to provide more services for children and in response to fiscal limitations and personnel shortages. History and regulations governing this professional are included in the handouts.

Highlights

- ❑ SLPA's work under the direct supervision of an MA level SLP
- ❑ The SLPA scope of work is defined – it is important to identify what is in and what is outside of their scope
- ❑ A network of community colleges have begun training and certification programs for SLPA's – currently 8 community colleges are involved
- ❑ (including Pasadena, Evergreen, Cerritos, Grossmont, Stockton, Santa Ana)
- ❑ The focus in Los Angeles County is on training and supporting parents to become SLPA's – have collaboration with DISQUIC and Head Start (see MaryAnn Walker for more information)
- ❑ An AA degree is required before enrolling in the SLPA training and becoming ASHA certified
- ❑ BA level person with fieldwork could be fully employed but not ASHA certified
- ❑ SLPA's need fieldwork and quality supervision
- ❑ Encourage vendors to contact their community colleges to become field sites and potential supervisors - bring information to the COW
- ❑ Training for SLP supervisors is also beginning and will provide continuing education units for license renewal
- ❑ Supervision ratio is 2 SLPA's per 1 SLP
- ❑ Employment for SLPA's is promising – the challenge is to create separate pay category for them as they are not aides – need to look at how other certified assistants are paid
- ❑ Possible salary rates – for discussion only: \$8-10/hr/aides; \$15-18/assistants
- ❑ Grandfather clause in place till 2003
- ❑ Dr. O'Conner can be contacted by phone or email for more information – loconno@calstatela.edu or 323/342-4692

Review of Recommendations for Vision Screening – Overview by Dr. Peter Michael Miller – (see handouts attached)

Materials and resource information from the American Academy of Pediatrics, The Journal of Ambulatory Care Pediatrics, a booklet for parents and the California Dept. of Education/Special Education Division were shared.

Dr. Miller presented a draft paper for consideration by the group – see attached.

Discussion Highlights

- ❑ There is a need to clarify what “we” want...
pediatricians to do
regional centers, LEAS and Early Start to do
the ICC to do
- ❑ Consider how all children who may be at risk for vision problems are identified – not only those referred to Early Start – collaborate with health and child development programs
- ❑ Identify the visual history questions that are most valuable to ask about – including normal and abnormal behaviors
- ❑ For physicians and health care people it will be important to point out and advise on the key 4-5 things that must be done in the actual physical exam and what else may be needed for children with special needs
- ❑ Clarify who can do vision exams – at what level and for what purpose
- ❑ Consider providing a flow chart that outlines the recommended process for screening and more in-depth evaluation
- ❑ It is important to decide on what we want to do and how we can support implementation of recommendations
- ❑ Identify how some regional centers and school districts have begun to contract with established vision clinics/eye care centers to service children/families involved in or referred to Early Start (i.e. San Diego)
- ❑ It is important for service coordinators/ case managers to identify if the child has been screened for vision problems prior to Early Start – also to identify resources and clinics for services

- ❑ Consider the possibility of an MA level person with experience in early intervention then being specifically trained to complete vision screenings and to do functional Vision assessments – this might assist with personnel shortages and family needs for coordinated services – could be someone on the regional center or vendored service team
- ❑ Consider how the American Academy of Pediatrics guidelines could be used by pediatricians - if the pediatricians really knew how to implement – more emphasis on training for pediatricians on how to incorporate guidelines into the physical exam is needed
- ❑ There is a need to assist families in working with their pediatricians and health care providers to identify what is possible and how to obtain the services
- ❑ Service coordinators need to have information on what is required and resources for obtaining the needed services – including initial and on-going evaluations
- ❑ There is a need to provide training for medical students and residents to prepare the new work force – could identify current training activities and partnerships with regional centers and LEA's in this area – then outreach to medical centers
- ❑ Consider specific ideas on how to provide pediatricians with clear information on what is required and then how to link them with Early Start resources, information and community services

Considerations and Recommendations Regarding Vision Screening

1. Identify specific needs, materials and strategies for working with pediatricians and others regarding vision screening and assessment health care providers
2. Develop packet for statewide mailing to pediatricians with:
 - ❑ AAP guidelines, information on why and how the information is needed,
 - ❑ an example - a simple form that documents the key aspects of the exam and the results,
 - ❑ information on implications and common visual concerns with young children with special needs and
 - ❑ contact information for coordination with Early Start and other local resources

DRAFT – PENDING ICC APPROVAL

3. Coordinate with experienced pediatric ophthalmologist to develop possible form (as noted above)
4. Draft possible letter to pediatricians in California from the HSC, ICC or DDS regarding the above
5. Promote further collaboration with the Ca Dept. of Health and CHDP providers to define the resources that could be used to address this need and to establish partnerships with Children's Medical Service
6. Draft position paper – add flow chart (see above) and use combination of resources – include definitions and “the laws” that regulate and govern services in this area - link with idea that the process is good for all children, not just those already involved in Early Start
7. Review Service Coordinators Handbook to determine what is currently included and to add resources and references as needed
8. Identify how regional centers and LEA are currently working in this area, effective strategies and what is needed to address on-going issues and concerns
9. Clarify what the HSC and the ICC can do – what is realistic to expect

Follow-Up Plan

Convene interim committee meeting or conference call to more specifically address discussion issues, possible recommendations, drafts of materials developed to date, goals and tangible next steps.

Dr. Downing will coordinate plans for interim meeting prior in Sacramento prior to next ICC meeting – possibly the week of January 11, 2002.

Additional Notes and Informational Items

- ❑ Some participants report increasingly positive collaborations with public HMO's and health care centers
- ❑ The Mind Institute in Davis is looking for families of children with autism for involvement in a study and collaboration with the regional centers
- ❑ The Ca. Dept. of Health is also working on a large- scale, long-term follow-up study on autism and may be approaching ARCA for participation and support (in Berkeley area)

- ❑ **UCLA also establishing study on autism in the Los Angeles area**

❑

Items for Next and/or Future Meetings

1. Discuss feedback from New Jersey group regarding video and materials on autism; clarify recommendations from HSC on the goals and next steps in the process (possible subcommittee, ideas for persons to work on subcommittee and goal for sub-committee work)
2. Interim committee meeting or conference call decisions – how to proceed with materials and recommendations on vision screening and assessment issues
3. Request video from Children's Hospital Los Angeles and Lanterman Regional Center on (pediatricians) talking with families about disabilities – contact Dr. Leslie Richards and Maria Trocy. Also look at what is available from the American Academy of Pediatrics.
4. Invite Juno Duenas from Family Voices, to discuss how they are working with pediatricians